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台灣的復健發展計劃

劉 建 仁

THE CHALLENGE OF COMPREHENSIVE REHABILITATION FOR TAIWAN

Robert J. Ronald *

What is rehabilitation of the disabled? It is many things-healing, exercises, braces, vocational training. It is opening again doors that disability has closed. It is putting wheels under feet that cannot walk. Rehabilitation is not just sympathy that murmurs, "So sad about your misfortune!" It is rather assistance that promises, "Now your misfortune will not keep you down the rest of your life!" It is not just pity that cries, "Too bad you can't walk!" It is rather a helping hand that encourages, "Get up and get moving! Here is a wheelchair and opportunities for the future!"

Any truly comprehensive rehabilitation program must aim at helping the disabled person to return to as normal a life as possible. This means that he should be able, if at all possible, to return to his family and live in his own home. He should have a wheelchair or the other assistive devices he needs so he can do as much as he can for himself. He should be able to come and go like other people do and enjoy the bene-

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fits' of a normal education. Above all, he should have opportunities to develop his abilities and aptitudes so that he, too, can make a contribution to his family and to society in accordance with his age, sex and status. In this way his life will be more satisfying and productive and he will be less of a burden upon others or no burden at all.

If rehabilitation is to achieve this end, rehabilitation activity must not stop as it so often does when the disabled person leaves the hospital. In fact, at this point the most important part of rehabilitation may be only just ready to begin!

The World Health Organization estimates that about 2% of all the people in the world are disabled. If this same proportion holds true for Taiwan then there are at least 300,000 disabled on this island. And every day this number grows! Many of these people are too old, others too severely disabled, to benefit from rehabilitation programs, but if there are only 100,000, or even just 50,000 disabled who can be rehabilitated, what a tragic waste, what a loss for China if they are not! 50,000 potential providers who must instead be provided for! 50,000 potential tax payers who must instead be supported! 50,000 unfortunates who need be helpless only temporarily, kept helpless and unfortunate the rest of their lives!

This should not be allowed to happen. The government is determined that it should not happen. And it will not happen if the government and the public can successfully set up suitable rehabilitation centers around the island. To do this well will take careful planning. This article has been written to make the public more aware of what this planning must involve. It will discuss the following points: 1. What a complete rehabilitation program should include. 2. What Taiwan must develop to meet its rehabilitation needs. 3. The steps that Taiwan should take at once to get started.

There are many different kinds of disability. One can speak about the physically or orthopedically disabled, the blind, the deaf, the mentally retarded, those with psychological and behavioral disorders,

addicts and alcoholics, ex-convicts, even those who are culturally or educationally deprived. Each of these groups has its own particular rehabilitation problems. This article, however, will restrict itself mainly to the rehabilitation of the physically disabled, although much of what it says will also apply to the others, especially what is said about vocational rehabilitation. The article will likewise concentrate on adults and rehabilitation for adulthood.

What A Complete Rehabilitation Program Must Include?

Planning for rehabilitation must make provision for the each of the following:

1. Rehabilitation services.
2. Rehabilitation facilities or departments.
3. Rehabilitation staff.
4. Rehabilitation resources.

[Rehabilitation Services]

Rehabilitation services are the various kinds of assistance, treatment, training, etc., that the disabled person needs. Any one individual may not need to receive every kind, but all of the following services should be available:

1. Medical services, that is, medication, surgery, nursing care, etc.
2. Therapy services:
 - a. Physical therapy for general muscle function and strengthening and ambulation.
 - b. Occupational therapy for hand and arm function and the activities of daily living.
 - c. Speech therapy for working on communication disorders.
3. Appliance services:
 - a. Prosthetics and orthotics for artificial limbs, braces and splints.
 - b. Wheelchairs and appliances for mechanical aids and technical devices for the compensation of functional limitations.

4. Social work services to help individuals and their families solve financial and other problems caused by the disability.
5. Counseling and psychology services: This is perhaps one of the most important services. It must perform the following functions:
 - a. Assist the disabled person adjust to his disability.
 - b. Counsel and guide his planning for the future.
 - c. Coordinate all the various vocational services that the disabled person is going to receive.
 - d. Render those vocational services for which there are not yet other personnel assigned.
 - e. Follow up the patient after his discharge.
6. Vocational services to make it possible for the disabled person to engage in vocational and remunerative activities. Services will include the following:
 - a. Prevocational evaluation with intelligence, personality, aptitude and interest tests and work-job samples to determine the most suitable line of vocational activity.
 - b. Vocational adjustment, that is, training and conditioning for proper work habits, applying for a job, holding down a job, getting along with employers and fellow workers, etc.
 - c. Vocational training and education.
 - d. Vocational placement services:
 - i. Job finding.
 - ii. Job introduction.
 - iii. Job development.
 - iv. Persuading prospective employers to hire the disabled.

Ideally, it would be most desirable if the disabled could receive vocational training and placement through the same services that non-disabled workers use. Special vocational services for the disabled should only be set up when there is no other training or placement that is responsive to their needs.

7. Employment services to give employment and remunerative activity

- to disabled persons who are unable to engage in ordinary work.
- a. Special factories where the disabled can work conveniently together doing the same work that non-disabled workers do.
 - b. Sheltered workshops where disabled persons who cannot compete with regular workers can work in conditions specially adjusted to their limitations.
 - c. Home industry services, the delivery of materials, pick up and sale of goods produced by the disabled in their own homes.

[Rehabilitation Facilities]

Rehabilitation facilities or departments are places where the disabled can go to receive the rehabilitation services they need. Services and facilities have been taken up separately because, although they are often inseparable in fact, "service" emphasizes the contribution that is made for the benefit of the disabled while "facility" emphasizes the fact that a service needs a location, space to work in, equipment, accessibility, etc.

Several services may often be located in one place and compound like a rehabilitation center can house many facilities. In any case there should be provisions made somewhere for each of the following facilities :

1. Medical facilities, that is, hospitals, wards and clinics, etc. designed for the special needs of the disabled
2. Therapy facilities:
 - a. Physical therapy department or section.
 - b. Occupational therapy department or section.
 - c. Speech therapy department or section.
3. Facilities for
 - a. Prosthetics and orthotics shops.
 - b. Wheelchairs and appliances shops.

These shops provide facilities for

- a. measuring, fitting and training for use.
- b. buying, selling and storing.

- c. manufacture and
- d. research.
- 4. Social work facilities with office and record space for the social workers where people can come for interviews, assistance and advice .
- 5. Counseling facilities with adequate office, record and interview space.
- 6. Vocational facilities for
 - a. Vocational evaluation.
 - b. Vocational adjustment.
 - c. Vocational training and education.
 - d. Vocational placement.
- 7. Employment facilities:
 - a. Special workshops.
 - b. Sheltered workshops.
 - c. Material distribution, collection and marketing for homebound work.

[Rehabilitation Staff]

Rehabilitation staff members are the personnel who render the services to the disabled in the rehabilitation facilities or bring the services to the disabled in their homes. These rehabilitation workers will include:

- a. People professionally trained in specialized courses.
- b. People trained on the job.
- c. Aids and assistants who work the disabled under the supervision of the trained staff.
- d. Volunteers from the community.

It frequently happens that some personnel are responsible for several different kinds of rehabilitation service at the same time, but as a rehabilitation system expands it will become necessary for each service to have its own specialized personnel.

〔 Rehabilitation Resources 〕

Rehabilitation resources are those things without which rehabilitation services and facilities cannot operate:

1. Money for buildings, equipment and salaries.
2. Funds for social services and financial assistance.
3. An environment in the community free of architectural barriers.
4. Means of transportation for the disabled.
5. Training facilities for rehabilitation personnel.
6. Resources for research and development and manufacture of equipment and special appliances.
7. Government and legislative support.
8. Community concern and involvement.
9. Cooperative employers willing to hire the disabled.

Any complete scheme for rehabilitation must contain provision for each of the four sections just mentioned: services, facilities, staff and resources. The proper services and facilities must be well staffed and spacious. They should be conveniently located and easily accessible and have all the equipment they need to handle the full caseload. There must be adequate social resources so that all the disabled can reach the facilities and take advantage of all their services. The community itself must provide the disabled with the work opportunities they need.

The Present State of Rehabilitation in Taiwan

Taiwan already has some rehabilitation services in operation. The Veterans General Hospital, National Taiwan University Hospital and the Tri-Service Hospital all have departments of rehabilitation medicine with therapy, especially physical therapy. But these departments are crowded and forced by necessity to put their emphasis on getting patients out of the hospital as quickly as possible, rather than on long-term vocational rehabilitation needs.

There are also some fine centers for children like Cheng Hsin Rehabilitation Center and the Pingtung Christian Hospital. And several homes for polio children like the St. Vincent Rehabilitation Center in Chiao Hsi near Ilan. But these centers reach all too few children and are not really vocationally oriented.

There are also a few centers that offer vocation training for the disabled like Goodwill Industries, the New Life Training Center and the Taipei Rehabilitation Service Center. But these centers are too small, their training courses too limited, and two of them are not even convenient for wheelchairs.

There are also a good number of manufacturers and importers of wheelchairs, artificial limbs and other special equipment for the disabled. They do good work, but lack the capital and trained personnel to devote sufficient energy to special vocational rehabilitation needs.

What Taiwan Needs But Does Not Yet Have?

1. More medical facilities: Each large hospital, especially the provincial hospitals, should have a Department of Rehabilitation Medicine with trained staff and good equipment.
2. More trained physical, occupational and speech therapists: There should be greater incentives and rewards for them. More steps should be taken to ensure that those trained in these fields continue to work in therapy after graduation.
3. Financial relief for rehabilitation patients: Rehabilitation is very expensive and insurance companies do not cover most rehabilitation costs. Often long periods in the hospital are required. Therapy costs about NT\$ 100 per session. Locally made wheelchairs cost from NT\$ 2,000-5,000 depending on what kind of a chair is needed. Artificial limbs are extremely costly. Add to this costs of vocational evaluation and training plus the high price of taxis for those who are unable to use public transportation. And on

top of all this is the loss of income while rehabilitation is in progress.

Therefore the government should take the following steps:

- a. Set up an agency that will grant financial assistance for all vocational rehabilitation expenses including hospital stay, surgery, equipment, training placement and living expenses during the period the person is unable to work. The United States has found that for every one dollar they spend for rehabilitation they eventually get three back. Once the person starts to work again he is able to pay income taxes and the government is saved a lifetime of public assistance.
 - b. The government should make insurance companies more responsible for rehabilitation expenses.
4. Vocational rehabilitation centers: These centers should coordinate vocational counseling, evaluation, training and placement. They may also function as liaison for homebound work and for workshops.
- The following personnel should be provided as soon as possible:
- a. Vocational rehabilitation counselor-coordinators. Even if vocational centers are not located near medical rehabilitation centers, vocational rehabilitation counselors should establish contact with disabled patients before their medical rehabilitation is finished.
 - b. Placement officers to search out and develop work for the disabled. One of their important tasks will be public relations to publicize successful disabled workers and the employers who hire them. Too few people realize how much work qualified disabled people are able to do. Experience in other countries shows that well-placed disabled workers have performance and attendance records equal to and often better than those of non-disabled workers.
 - c. Coordinators to organize homebound work for the disabled. There

are in Taiwan many companies who farm out work to people in their own homes, anything from needlework to the assembly of Christmas tree lights. The money paid for such work is usually quite low, but it can at least provide supplementary income for a family and has the advantage of being something that the whole family can do together.

In addition to this type of work there is no limit to the kinds of handicrafts that can be done at home from the production of simple items for daily use to exotic artifacts for export. Income will ordinarily not be very spectacular, but it can be substantial if the products are in demand or have a high margin of profit.

Since the object of these home programs is to provide livelihood and not just fun activities, they must be well organized. They will require at least one person just to keep up with materials and collection. They will need someone with a good eye for companies and markets to decide what should be made and in what quantities and when to switch to new items and how sell special products someone might be good at making. There will also have to be trainers who can go to people's homes for retraining so that the disabled will not often have to sit idle and hungry from time to time because the objects they are making are no longer in demand.

The coordinators of homebound work projects do not need to be officials of rehabilitation centers, They can be any interested individual or group of individuals who wish to help the disabled.

- d. Self-employment assistance. For disabled with the right ability and aptitude some form of self-employment like a small business can be a good means of livelihood. It takes a lot of money, however, to start even a small booth or stand. Training for buying and selling techniques, keeping accounts and

dealing with customers would also be very useful. Providing this training and the capital for starting a small business by loan or grant should be one of the services eventually offered by a government rehabilitation agency.

Given Taiwan's actual conditions at present with little employment opportunities for the disabled, many architectural and transportation barriers, particularly for those who cannot walk, homebound work and self-employment seem to be the most practical types of work to develop for the disabled at this time. The involvement of the public in such projects will be energy very well spent.

- e. Workshop managers. Eventually as the number of disabled persons who come to rehabilitation centers grows it will become practical to establish workshops. Since these will have many financial problems and must operate in a truly business-like fashion, their managers must be chosen for their business and industrial experience rather than a mere rehabilitation or social service background.
5. Community involvement. The government cannot be expected to do everything. One of the points emphasized recently by the Twelfth World Congress of Rehabilitation International in Australia was that the growth of rehabilitation must depend upon the partnership of official government agencies and the community, especially volunteers, service clubs and other organizations. Most of the things listed below that the public can do have been mentioned already.
 - a. Assist the disabled who can work in their homes by giving them handicraft instruction or organizing the materials, collection or sale of produced goods.
 - b. Help the disabled find regular work by keeping an eye open for jobs they can handle and suggesting to employers that they hire the disabled.
 - c. Work for the removal of architectural and transportation

barriers.

- d. Do volunteer work in rehabilitation centers and workshops or otherwise contribute to the success of rehabilitation programs
 - e. Encourage the government to do more for the welfare and rehabilitation of the disabled.
6. An island-wide survey of rehabilitation problems: Taiwan cannot begin to develop all at once everything it needs for rehabilitation. It must build step by step. Where should it begin? How should it develop? Almost before everything else it should investigate and work out definite answers to the following questions :
- a. How many disabled persons are there actually in Taiwan? Where are they located? What kinds of disabilities do they have? How many newly disabled will there be every year?
 - b. How many disabled need vocational rehabilitation services? How will it be decided who is eligible for vocational services? How many will be needing vocational rehabilitation services at any one time?
 - c. How will the disabled pay for the rehabilitation services they need?
 - d. How will they get back and forth for rehabilitation or where will they stay during their rehabilitation?
 - e. How many public or private rehabilitation centers are already in existence in Taiwan? What kind are they? How many disabled do they help? What kind of success are they having and why?
 - f. How many new centers, how many new services, how many new personnel must be added to meet rehabilitation requirements?

Up to this point this article has discussed two questions: 1. What a complete rehabilitation program should include and 2. What Taiwan must develop in the line of rehabilitation. Now we must talk about what concrete steps Taiwan should take right now to start the developments moving.

What Taiwan Should Do Right Away?

1. The government should designate one or more rehabilitation centers to be responsible for the development of vocational rehabilitation programs. These centers should begin by adding at once personnel for vocation counseling and coordination and for vocational development and placement. Then they can gradually expand into vocational evaluation and training. These centers can also coordinate all the vocational rehabilitation efforts being made in the whole community and act as models for other programs.
2. The government must establish a vocational rehabilitation agency to provide counseling and financial assistance to disabled persons in need of vocational rehabilitation.
3. The government should order the comprehensive survey described above to guide plans for future development. This survey should begin as soon as possible since it will take a long time to gather and analyse the data.
4. A Rehabilitation Advisory Committee should be established of rehabilitation professionals and of interested citizens both to give advice and to act as a watchdog for the rehabilitation movement. It is suggested that some organizations like the Association for Rehabilitation Medicine of the Republic of China be invited to assume responsibility for the organizing of this committee.
5. Local committees should be formed of interested individuals or groups to develop and assist homebound employment activities for the disabled. This is a very good way for volunteers to do something extremely practical and necessary.
6. Contributions will be needed for the expenses involved in the establishing and promoting of these homebound work projects. Such help will give the disabled better opportunities for income and satisfaction.

Conclusion

A disability does much more than just affect a man's body. It affects his whole life. So too, rehabilitation should touch the person's whole life.

Three factors determine rehabilitation success: 1. The disabled person's personality and native abilities. 2. Proper therapy and equipment. 3. Opportunities for self-development and employment. The disabled person can be held more or less accountable for the first of these points, but the second and the third are seldom under his control. He is frequently powerless to provide for himself. If society, too, is unwilling or unable to provide for him, then the nation stands to lose a great deal.

We must take action at once to prevent Taiwan's 50,000 or more potentially employable disabled persons from becoming 50,000 disappointed spectators on the sidelines of life!